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Bib Data Sheet

CONFIRMATION NO. 6030

<b>SERIAL NUMBER</b> 10/066,099	<b>FILING OR 371(c) DATE</b> 02/01/2002 <b>RULE</b>	<b>CLASS</b> 359	<b>GROUP ART UNIT</b> 2633	<b>ATTORNEY DOCKET NO.</b> 0685-095	
<b>APPLICANTS</b> John B. Roes, San Diego, CA; Deepak Varshneya, Del Mar, CA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/28/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Thomas E. Coverston Townsend & Townsend & Crew 12730 High Bluff Drive Suite 400 San Diego ,CA 92030					
<b>TITLE</b> Secure covert combat identification friend-or-foe (IFF) system for the dismounted soldier					
<b>FILING FEE RECEIVED</b> 1076	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 6030

<b>SERIAL NUMBER</b> 10/066,099	<b>FILING DATE</b> 02/01/2002 <b>RULE</b>	<b>CLASS</b> 042	<b>GROUP ART UNIT</b> 3641	<b>ATTORNEY DOCKET NO.</b> 0685-095	
<b>APPLICANTS</b> John B. Roes, San Diego, CA; Deepak Varshneya, Del Mar, CA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/28/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> ATTN: Michael H. Jester THE LAW OFFICES OF MICHAEL H. JESTER SYMPHONY TOWERS, SUITE 2560 750 B STREET SAN DIEGO ,CA 92101					
<b>TITLE</b> Secure covert combat identification friend-or-foe (IFF) system for the dismounted soldier					
<b>FILING FEE RECEIVED</b> 1076	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		